

application

# 10/056,852

Examiner

Alvin C. Chen-Shue

Art unit 3634

Allen H Fitchas

I hope this meets application  
requirements

STATE BOARD OF HEALTH OF MISSOURI  
Bureau of Vital Statistics

DELETED OR SPECIAL  
CERTIFICATE OF BIRTH

No. 109806

Birth: *Allen Herbert Fletcher* Date of Birth: *Dec 29, 1926*

Sex: *male* Birthplace: *Grant City* Worth: *Missouri*

Full Name: *Delbert Earl Fletcher* Birthplace: *Missouri*

Maiden Name: *Matilda E. Sowards* Birth: *Missouri*

AFFIDAVIT: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible)

Signature: *Allen Herbert Fletcher* Relationship to registrant: *SELF*

Address: *Grant City, Missouri* Subscribed and sworn to before me on: *May 9, 1948*

Notary Public: *Geo. Ball* For State of: *Mo.* County of: *Worth*

Do Not Write Below This Line

ABSTRACT OF SUPPORTING EVIDENCE

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND SIGNED, AND DATE OF ISSUE)

*Baptismal Record, 1st Baptist Church, Grant City, Mo. Dec 8, 1926*

*Supporting off - by mother, Matilda E. Fletcher May 9, 1948*

Do Not Write Below This Line

DATE OF ISSUE

INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT

| BIRTH DATE OR AGE   | BIRTHPLACE             | NAME OF FATHER             | FULL NAME OF MOTHER                |
|---------------------|------------------------|----------------------------|------------------------------------|
| <i>Dec 29, 1926</i> | <i>Grant City, Mo.</i> | <i>Delbert E. Fletcher</i> | <i>Matilda E. Sowards Fletcher</i> |
| <i>Dec 29, 1926</i> | <i>Grant City, Mo.</i> | <i>Delbert E. Fletcher</i> | <i>Matilda E. Sowards Fletcher</i> |
| <i>Dec 29, 1926</i> | <i>Grant City, Mo.</i> | <i>Delbert E. Fletcher</i> | <i>Matilda E. Sowards Fletcher</i> |

Additional information:

STATEMENT OF REVIEWING OFFICIAL

I hereby certify that I have reviewed the evidence recorded above and that the information contained therein is as noted in the preceding abstract.

Signature of Reviewing Official: *Walter L. Schmitt* Date filed in: *JUN 21 1948*

State Board of Health

STATE OF MISSOURI  
CITY OF JEFFERSON

I HEREBY CERTIFY that the above is a true and correct copy of the original record as filed in the Central Bureau of Vital Statistics, the State of Missouri, and the County of Worth, Missouri.

WITNESS my hand and the Seal of the State Board of Health, this 22nd day of June, 1948.

*JUN 22 1948*

*James Stewart*

*Walter L. Schmitt*

I will be 78 YRS OLD  
DEC 29, 2004

**Flow Chart**  
**Fletcher Safety Ladder**

|     |                                      |                                      |
|-----|--------------------------------------|--------------------------------------|
| 1.  | Top Step                             | Page 1-Fig. 1-1                      |
| 2.  | Pull Out Service Tray                | Page 1-Fig. 1-2                      |
| 3.  | Fold Out Hinged Shelf                | Page 1-Fig. 1-3                      |
| 4.  | Front Leg of Ladder                  | Page 1-Fig. 1-4                      |
| 5.  | Rear Leg of Ladder                   | Page 1-Fig. 1-5                      |
| 6.  | Upper Rear Leg brace                 | Page 1-Fig. 1-6                      |
| 7.  | Hinged Leg Brace                     | Page 1-Fig. 1-7-A-7                  |
| 8.  | Adjusting cable levers               | Page 1-Fig. 1-8<br>Page 1-Fig. 2 8-A |
| 9.  | Front Foot (adjustable)              | Page 1-Fig. 1-9                      |
| 10. | Rear Foot (adjustable)               | Page 1-Fig. 1-10                     |
| 11. | Rear Legs Cross Brace                | Page 1-Fig.11<br>Page 1-Fig.2-11     |
| 12. | Adjusting Cable                      | Page 1-Fig.1-12-12A                  |
| 13. | One More Step Warning Bell           | Page 2-Fig.5-16                      |
| 14. | Safety Bell Trip Cable               | Page 2-Fig.5-14                      |
| 15. | Safety Bell Clapper                  | Page 2-Fig.5-15                      |
| 16. | Safety Bell                          | Page 2-Fig.5-16                      |
| 17. | Bottom Leg Reinforcement Block       | Page 2-Fig.3-17                      |
| 18. | Vertical Up-Down Adjusting Slide Bar | Page 2-Fig.3-18                      |

See Next Page

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|-----|---------------------------------------|-----------------------|
| 19. | Up-Down Pressure Release Double Strap | Page 2-Fig.3-19       |
| 20. | Tackwell                              | Page 2-Fig.4-20       |
| 21. | Hammer Hole                           | Page 2-Fig.4-21       |
| 22. | Screw Driver Holes                    | Page 2-Fig.4-22       |
| 23. | Safety Bell Assembly                  | Page 2-Fig.5-14-15-16 |
| 24. | Bottom Step                           | Page 2-Fig. 5-24      |
| 25. | Leg Anchors                           | Page 2-Fig.5-25       |
| 26. | Pull Out Service (Tray) (Slides)      | Page 2-Fig.4-26       |